

Births out of wedlock are particularly numerous and increasing among Black mothers, resulting in Black mothers being more likely than others to have one or more of the A-H risk factors. This result is depicted in Figure 8. The corresponding numbers and percentages for the state and selected counties are found in Table 10; only in Onslow and Cumberland is the Black percentage below 70. For both Blacks and Whites, this percentage has risen steadily since 1985.

Prenatal Care

Among live births during 1987-91, Black mothers were more likely than either White or Indian mothers to have no prenatal care or care after the first trimester of pregnancy, as shown in Table 11. The Year 2000 national target for all race/ethnic groups is that 90 percent of mothers receive prenatal care in the first trimester.⁴ The state's 1990 Black baseline percentage was one-third lower at 59.4. The percentage rose slightly in 1991 to 60.2, but remains below the 62.2 percent experienced in 1981.

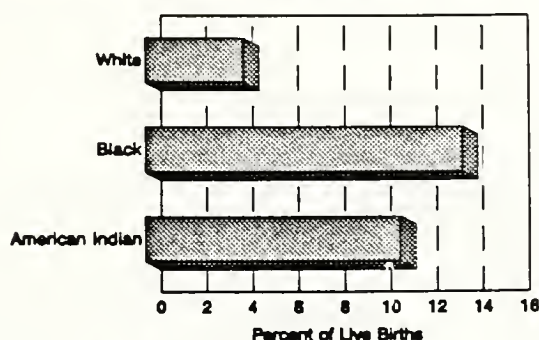
In addition to time of first visit, a prenatal care index developed by Kessner⁷ takes into account the number of prenatal visits and gestational age at delivery. Using these criteria (see Glossary, page 36), Figure 9 shows that Black mothers are far more likely than White mothers to have "inadequate" care. The 1987-91 Black and White numbers and percentages for selected counties are found in Table 12. More than one-fourth of all Black births in Johnston, Nash, and Wayne counties involved inadequate prenatal care. In another nine counties, more than one-fifth of all Black births were to mothers having inadequate care.

Enhanced Prenatal Care

Nonmedical prenatal services such as education, counseling, and nutrition (food programs) have been shown to be effective in reducing poor pregnancy outcomes among low-income women.^{8,9} A later section on low birthweight provides some supporting data.

Table 13 shows 1988-1991 trends in the percentages of White and minority live births by type of service

FIGURE 9
Percentage of Mothers Having Inadequate Prenatal Care* by Race
North Carolina 1987-91



*As defined by the Kessner Index. See Glossary.

received: Medicaid, WIC, and health department prenatal care. The minority percentages are much higher than those for Whites although the gap narrowed between 1988 and 1991. During this period, the income eligibility level for Medicaid rose from 100 to 185 percent of the federal poverty level, which served to increase the percentages of pregnant women receiving WIC and health department prenatal care.

Table 14 shows the 1988-1991 percentages of **MEDICAID** births where prenatal WIC or maternity care coordination (case management) was received. Again, the minority percentages are higher than those for Whites with mothers of both race groups experiencing large increases in maternity care coordination since the service was first offered in 1988. Still, in 1991, more than half of eligible women in each race group did not receive the service.

Efforts to increase the number of women on Medicaid who receive maternity care coordination and WIC should result in savings in newborn medical care costs. The studies cited above^{8,9} estimate that, for every \$1 spent on maternity care coordination, the Medicaid program saves \$2 in early newborn medical care costs. One dollar spent on WIC is estimated to save Medicaid \$3 in newborn costs.